



CITY OF CINCINNATI
Department of Buildings & Inspections
Room 328, City Hall, 801 Plum Street
Cincinnati, Ohio 45202
(513) 352-3271 Fax: (513) 352-2579
<http://www.cintibuildings.org>

Permit Application Form

Permit Number

Part A – Identification

COMPLETE IN INK – PLEASE PRINT

Project Address	Floor/Suite		
Owner	Street Address/City/State/Zip	Phone	Home/Work
Contractor	Street Address/City/State/Zip	Phone	Fax
Contact Person	Street Address/City/State/Zip	Phone	Fax

Part B – Main Use of Primary Building on Property: (Such as Office, One-Family, Parking Garage, Restaurant, etc.)

Present Use: _____ No. of Dwelling Units: _____
Proposed Use: _____ No. of Dwelling Units: _____

Part C – Type of Work

☐ New Building ☐ Alteration (description) _____
☐ Addition _____ ☐ Repair (description) _____
Floor Area
☐ Sprinklers ☐ Standpipes ☐ Fire Alarm (Associated Building Permit No. _____)
☐ Excavation/Fill Quantity of Fill _____ Cubic Yards Borrow Site: _____
Quantity of Excavation _____ Cubic Yards Disposal Site: _____
☐ Wrecking Dimension of Building _____ x _____ x _____
width length # of stories
Depth of Basement _____ Type of Wrecking _____ Hand _____ Machine _____
☐ Signs – Does the message or copy pertain to a business conducted on the premises? _____ Yes _____ No
Type of Illumination? _____ Ground Signs _____ Yes _____ No
☐ Fence _____ height
☐ Other (Explain) _____

Part D – Certificates

☐ Certificate of Use and Occupancy _____ Square feet ☐ Vacant Building Maintenance License
☐ Certificate of Inspection ☐ Type A Day Care Certificate of Inspection

Cost of Labor and Material for this Application Only

\$ _____

(Do not include the cost of electrical or work covered by a separate application)

The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and Inspections of the described premises at any time when work on those premises is ongoing and hereby grants that consent.

Applicant's Signature _____

OFFICIAL USE ONLY BELOW LINE

Route To: _____ Processing Fee: _____

APPROVALS:

Date Building _____ Date

Office Use Only

Conflicts with City Projects _____ Zoning District _____

Auditor's Book _____ Page _____ Parcel _____

Valuation for Fee Purposes _____ Use Group _____

Type of Permit	Amount	Issued By	Date	Number
Building				
Wrecking				
Barricade				
Fire Protection				
Excavation / Fill				
Sign				
Walk-Thru				
Investigation Fee				
Outdoor Adv. Sign				
Ohio State Surcharge				
Type of Certificate				
Inspection				
Occupancy				
Vacant Building Maintenance License				

Special Instruction

Soil Inspection Required _____ Yes _____ No

Fire Stopping Inspection Required _____ Yes _____ No

Flood Zone Elevation Certificate Required _____ Yes _____ No

Other

Regulatory Floodway _____ Yes _____ No

Floodway Fringe _____ Yes _____ No

Base Flood Elevation _____

Map Panel and Date _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.